LP-2

## **Amendment to Certificate of Limited** Partnership (LP)

To change information of record for your LP, fill out this form, and submit for filing along with:

- A \$30 filing fee.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form

FILED Secretary of State State of California AUG 24 2020

included, it you dro	on the completed form	ι.		100		
tems 3–7: <b>Only</b> fill out the information that is changing. Attach extra pages if you need more space or need to include any other matters.				(cc		
-	•	-			For Office U	se Only
F	or questions about this f	orm, go to	www.sos.ca.gov/	business/be/filing-tips.ht	m	
D LP's File No. (issue	LP's File No. (issued by CA Secretary of State)		LP's Exact Name (on file with CA Secretary of State)			
201420400022			Chico Heights Rehabilitation & Wellness			
			Centre, LP			
ew LP Name						
Proposed New LP Nan	The I	now I B nar	no: must and with:	"Limited Partnership," "LP	" or "  D " .	and may not
,	conta	in "bank," "i	nsurance," "trust," "tr	rustee," incorporated," "inc.	" "corporation	n," or "corp."
lew LP Addresses  3580 Wilshire	Dlud 6th Floor			Los Angolos	- · · ·	0010
a. 3580 Wilshire Blvd., 6th Floor Street Address of Designated Office in CA				Los Angeles City (no abbreviations)	CA 9	Zip
	-			,		,
Mailing Address of L	P, if different from 4a			City (no abbreviations)	State	Zip
	ervice of Process (The ag	gent must be	e a CA resident or qu	ualified 1505 corporation in	CA.)	
a. Derek Cheung	]					
Agent's Name b. 3580 Wilshire Blvd., 6th Floor				Los Angolos	C4 0	0010
Agent's Street Addre	ess (if agent is not a corporat	ion)		Los Angeles City (no abbreviations)	State	0010 Zip
		,		, (		<i>r</i> -
eneral Partner Changes  Da. New general partr						
a. New general parti	Name	Address		City (no abbreviations)	State	Zip
b. Address change:						
	Name	New Addre		City (no abbreviations)	State	Zip
c. Name change: O	d name:		Nev	v name:		
d. Name of dissociat	ed general partner:					
	k box a <b>or</b> check box b ar			Note: To terminate the LP	, also file a	Certificate of
<u> </u>	ailable at www.sos.ca.gov/bu		orms.htm.)			
	olved and wrapping up its		Floor Follows down a com-			
	olved and has no general	partners.	ne tollowing pers	on has been appointed	to wrap up i	ne aπairs or
ine LP: Name		Address		City (no abbreviations)	State	Zip
	his form must be signed b	v (1) at le:	ast one deneral no	artner: (2) by each ners	on listed in i	tom 6a: and
<li>by each person listed ir</li>	ı item 6d if that person ha	s not filed :	a Certificate of Dis	sociation (Form LP-101	). If item 7b	is checked,
	gn. If a trust, association					
n standard letter-sized da	pe/filing-tips.htm for more i per (8 1/2" x 11").  All atta	achments :	are part of this am	e space, allach extra pag nendment. Signing this	ges macare document a	r-sided and ffirms under
enalty of perjury that the	stated facts are true.	₹î.	June Recha	HA WILLDINGING W	しどいろかいで	
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		٠.	It's MUNNIC	GIAL WEMBER	8	-19-20
Sign here			Print your name he	4	Dat	te
Sign here			Print your name here		Date	
Make check/money order payable to: Secretary of State			By Mail	Drop-Off		
	e (1) uncertified copy of you		Secretary of S		Secretary	
iled document for free, and equest and payment of a \$5			siness Entities, P.O Sacramento, CA 94		500 11th Stre Sacramento	eet, 3rd Floor
oquestand payment or a wi	, ooi iiiiodiiioii 100.		Cacianionio, CA 34	TLTT ~~~ <b>~~~~~</b>	TOUR CHICHIU	. UM 30014